



**Rhode Island Department of  
Mental Health, Retardation and Hospitals  
Master Plan**

Beginning immediately, December 12, 2006, The Department of MHRH announces and affirms its intention to rigorously manage the department guided by a comprehensive Master Plan. The Department is committed to continuously improving its policy, planning and practices to assure to the fullest extent possible that all MHRH core populations have access to a comprehensive, coordinated, continuum of services and supports. The Department will strategically focus its work on quality improvement, consumer centeredness and contemporary innovations that assure accountability for access, performance, outcomes and cost. The Department will accomplish this through strategic partnerships both in the public and private sector and be guided by best practices across the nation.

As a first step, MHRH conducted a Quality Assessment of the entire department between July and October 2006. Using the findings of the Quality Assessment, a Master Plan has been constructed, which is a reform agenda for transitioning the department into a contemporary organization. MHRH will stress services and supports within an integrated, efficient, coordinated services system, using data to drive policy decisions, and focused on accountability, performance and outcomes.

**Quality Assessment- Major Themes**

**Eleanor Slater Hospital** - Limited movement of patients from ESH to lesser intensive levels of care results in waiting lists of patients receiving long term medical care and psychiatric care in acute care community hospitals.

**Behavioral Health** - Lack of sufficient resources to develop and fund less intensive levels of community based care results in an increasing, significant use of inpatient hospital services.

**Developmental Disabilities** - Inadequate capacity to transition group home residents to less restrictive, more independent living arrangements, supervised houses and apartments, etc.

**Department-wide Themes -**

- **Clarity:** Improve clarity of mission, direction, priorities and services.
- **Communication:** Improve internal and external communication.
- **Continuum of Care:** Strengthen and broaden the continuum of care to adequately promote independence, choice and self-reliance.
- **Fragmentation:** Reduce fragmentation of care by coordinating and integrating services and supports for individuals with co-occurring needs.
- **Resources:** Align resources to foster prevention, early intervention and community-based treatment and supports.
- **Focus:** Focus the department's mission on the client not agency/service providers.
- **Lifelong Planning:** Engage in lifelong planning to ensure a smoother transition from childhood to adulthood in the MH and DD service systems.

**Organizing for Action**

On December 12, 2006, Dr. Ellen Nelson established the **Director's Partnership Council** comprised of three Standing Committees that will meet quarterly--- **Innovation, Consumer Issues and Quality Improvement**. The Committees will provide the Director with input and feedback and will have an open access membership. Priority-Specific Ad Hoc Work Groups will be formed to conduct work between Committee meetings.

## **MHRH Master Plan - Initial Components**

### **Department-wide**

1. Clarify MHRH's mission and rename the department to reflect the mission
2. Enhance & elevate the department's capacities in key areas: policy, planning, communication, analysis & reporting and performance & outcome measurement.
3. Integrate the three existing divisions into one overall Integrated Delivery System (IDS) for individuals with disabilities supported by MHRH.
4. Clearly identify doorways into the service system for information, eligibility screening, clinical evaluation, appropriate referral and placement and enrollment into the MHRH IDS, as appropriate.
5. Expand links with academic partners for training and research.
6. Review the department organizational structure and reorient all MHRH staff to assure unified one-team approach.
7. Review and restructure provider contracting to include performance based standards and incentives for quality, efficiency and accountability.
8. Build a department-wide IT system that will provide information for efficient operations management and informed decision-making, including the implementation of a hospital electronic health record.

### **Eleanor Slater Hospital**

1. Establish the ESH Pastore campus as a Center of Excellence for assessment and management of individuals with complex medical & psychiatric needs, requiring both acute and extended hospital-level stays.
2. Develop new capacity at ESH for short-term crisis hospitalization to provide assessment, stabilization and treatment for individuals with mental health conditions or developmental disabilities.
3. Maximize use ESH Pastore campus for specialized outpatient services, not routinely available in the community for DD and BH.
4. By 2012, ESH Pastore complex will be located in one hospital zone, which will improve the efficiency of hospital operations, patient safety and access & quality. A facility plan will be developed for the Zambarano Burrillville campus.
5. A future plan for Zambarano ICF-MR group homes will be finalized.
6. Review, relocate and resize the forensics service in collaboration with the Department of Corrections.

### **Developmental Disabilities**

1. Recruit and hire an Executive Director who will focus solely on the issues of the population of individuals with developmental disabilities.
2. Right-size RICLAS to assure adequacy of staffing for the population by diverting new admissions to the private sector, with the exception of emergencies and complex medical cases.
3. Conduct a planning process to determine future MHRH policy on the community support model, focusing on diversifying from the current group home model to enable individuals to receive services in the most appropriate, least restrictive setting that will support independence and improved quality of life.
4. Expand the adoption of and capacity for supportive living arrangements.

### **Behavioral Health**

1. As the mental health authority, MHRH will be responsible and accountable for managing all acute, behavioral health and long term care services and funding for MHRH core populations. MHRH will develop and implement an integrated delivery system, in partnership with the community, which will assure that needed care and supports are provided in the most appropriate least restrictive setting, based on the needs of the individual.
2. Integrate current community-based services and supports, community hospital services and Eleanor Slater Hospital psychiatric services into one continuum of care with individuals served in the most appropriate setting.
3. Expand community-based service capacity in order to decrease inappropriate use of institutional levels of care. (Seeking funding through "Money Follows the Person" grant.)
4. Develop statewide Mental Health and Substance Abuse plans, which will assess the current systems and develop recommendations that address the Mental Health and Substance Abuse delivery systems for all Rhode Islanders.